



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: SuPing Lyu et al.  
 TITLE: NOVEL MEDICAL ELECTRICAL CONNECTOR

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. 331 792 254 US, on this 30th day of March, 2004.

Sue McCoy

Printed Name

Signature

**MAIL STOP PATENT APPLICATION**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

 Patent Application Transmittal Specification:Total pages: 31 (including claims and abstract: Spec. 13 sheets; Claims 17 sheets; Abstract 1 Drawings:Total sheets: 14 formal  informal Combined Declaration and Power of Attorney: executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.* Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard

---

IF A CONTINUING APPLICATION: Continuation  Divisional  Continuation-in-part (CIP) of prior application  
No. . Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, now allowed.-- Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee.  
(At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to: \_\_\_\_\_

16834 U.S. PTO  
 10/812796  
 033004

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to: Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee	
Total Claims	113	20	=	93	x 18	1674
Independent Claims	5	3	=	2	x 86	172
Multiple Dependent Claims	0			0	+ 290	0
Basic Filing Fee						\$770.00
				TOTAL		2616.00

Charge Deposit Account No. 13-2546 in the amount of \$2656.00 for the filing fee and assignment recordation fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

March 30, 2004

Date

  
Elisabeth L. Belden, Reg. No. 50,751  
Telephone: (763) 514-4083  
Customer No. 27581